Please type a plus sign (+) inside this box ⟶ ☐
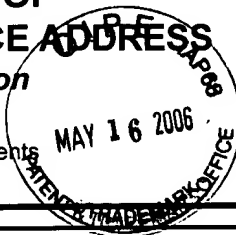
# CHANGE OF CORRESPONDENCE ADDRESS

## *Application*

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|---|---|
| **Application Number** | 09/489,265 |
| **Filing Date** | January 21, 2000 |
| **First Named Inventor** | Baer, et al. |
| **Group Art Unit** | 2162 |
| **Examiner Name** | Truong |
| **Attorney Docket Number** | STL000018US1 |

Please change the Correspondence Address for the above-identified application to:

☑ **Customer Number** 24852

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*Place Customer Number Bar Code Label here*

**OR**

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| ☐ **Firm** *or* **Individual Name** | |
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| **Country** | |
| **Telephone** | **Fax** |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☑ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| **Typed or Printed Name** | Stuart B. Shapiro.        Reg. No. 40,169 |
|---|---|
| **Signature** | *Stuart B. Shap.* |
| **Date** | 4/26/2006 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of ___1___ forms are submitted.